



# LOW VOLTAGE PERMIT APPLICATION

**BUILDING and NEIGHBORHOOD SERVICES**  
 615-794-7012 Office 615-591-9066 Fax

## GENERAL INFORMATION

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Building Permit #: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_  
 Property Owner/General Contractor: \_\_\_\_\_  
 Property Owner's/General Contractor's Phone Number: \_\_\_\_\_

## APPLICANT INFORMATION

Low Voltage Installer: \_\_\_\_\_  
 State License CE#: \_\_\_\_\_ LLE#: \_\_\_\_\_ \* Alarm Contractors #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Office phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## CHECK ALL THAT APPLY

\$ \_\_\_\_\_ **CONTRACT AMOUNT (Includes Materials and Labor)**

*\* Requires contractors specialized license for security and fire alarm*

### RESIDENTIAL

\* Fire Alarm ☐ \* Security ☐

### COMMERCIAL

Phone ☐ Data ☐ Audio ☐ Video ☐ Fiber ☐

\* Fire Alarm ☐ \* Security ☐ HVAC Controls ☐ Remote Controls ☐ Other ☐

Nurse Call ☐ Gate Controls ☐ Energy Management ☐ Landscape Lighting ☐

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: Note:** Contact Lori Jarosz ([lori.jarosz@franklintn.gov](mailto:lori.jarosz@franklintn.gov)) or 615.550.6728 at for confirmation of address assignment. Incorrect or incomplete information may result in permit revocation.



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